

American Red Cross
SWIM LESSON REGISTRATION
2011 Brittlebank Pool Swimming Lessons Registration Form

Registration begins on April 25th, 2011. Forms can be returned to Brittlebank Pool from 9:00a.m. until 5:00p.m. Monday – Friday or mailed to P.O. Box 324 Mt. Vernon, IN 47620. For more information call Brittlebank Pool at 838-4586 (or 838-0066). All Swim lessons will be taught by a Red Cross Certified Water Safety Instructor (WSI) and all participants who pass their course will receive a Red Cross Swimming Card. Swim lessons are held on a Monday/Wednesday or a Tuesday/Thursday schedule for 30 minutes per day for four weeks. Rain days will be made up on Fridays.

Fee: \$30 per session

Session 1 June 13th – July 7th
Session 2 July 11th – August 4th

Name _____ Age _____ DOB _____
Address _____ Phone _____ Gender: M F

Was your child enrolled in a swimming class at Brittlebank last season? _____ If yes, what level? _____

Please mark with an X what class and days you wish to enroll your child. Class Limit 20.

-----	Level 1	11:00a.m. - 11:30a.m.	
-----	Level 2	10:30a.m. - 11:00a.m.	Monday/Wednesday _____
-----	Level 3	10:30a.m. - 11:00a.m.	Tuesday/Thursday _____
-----	Level 4	10:00a.m. - 10:30a.m.	
-----	Level 5	10:00a.m. - 10:30a.m.	
-----	Level 6	8:30a.m. - 9:30a.m.	Thursdays (Swim Team Level)

PARENT PERMISSION:

(Both parents must sign this permission form. If only one parent is available to sign, the parent signing must assume complete and absolute responsibility as set forth below)

We/I hereby grant permission for my child _____ to participate in the: Swim Lessons.

We/I represent that my child is physically fit and suffers from no health issue which would prevent him/her from participating in this activity. We/I will assume all responsibility and obligation for my child in case of injury or accident sustained during participation in this program. We/I release and hold harmless the Mt. Vernon Parks & Recreation Board, employees of the Mt. Vernon Parks Board, and all other paid and volunteer personnel from any and all liability, loss, damage, injury which may result or occur during the course of this sports program. We/I give permission for the Mt. Vernon Park & Recreation Department to use individual photographs and team photographs as the department sees fit, including but not limited to, print and internet publication. We/I will work together with the Mt. Vernon Park & Recreation Department and all persons involved in this sports program to build a fine program for all of the youths involved

_____ Date	_____ Parent Signature	_____ Printed Name
_____ Date	_____ Parent Signature	_____ Printed Name

Phone #'s h) _____ w) _____ emergency) _____ Email _____
(PR use only)



Receipt # _____ Amount _____ Date _____